



WESTMINSTER VILLAGE
Application for Residency
Licensed Assisted Living

Floor Plan Preferences (Select all that apply):

- Efficiency Studio 1 Bedroom 2 Bedrooms

Additional Apartment Preferences:

Applicant: Last Name First Middle

Second Applicant: Last Name First Middle

Address: Street City State Zip

Home Phone: Cell Phone:

Email:

Marital Status: Single Married Widowed Anniversary Date

Date of Birth: Applicant one Applicant two

Name of Physician: Dr. Phone no.:

Physicians Address: Address City State Zip

Social Security no.: Applicant one Applicant two

Medicare no.: Applicant one Applicant two

Contact Person: Name Phone No.

Email:

By signing this form, the person or persons named above are applying for residency to Westminster Village Assisted Living apartments. Applicant(s) are also consenting to the release of medical information and have agreed to provide the necessary information and forms for residency.

To be completed by Westminster Village

- Physician Report form returned
Other required paperwork returned
Resident Assessment completed

Date Signature

Date Signature

Approved for residency by

Date